

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **March 16th through 31st**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/19/03		Applicant Identifier	
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: City of California City		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Address (give city, county, State, and zip code): 21000 Hacienda Blvd. California City, CA 93505		Organizational Unit: Airport Industrial Park			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2408763		Name and telephone number of person to be contacted on matters involving this application (give area code) 760-373-7170 Jack Stewart, City Manager			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)			
CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: USDA			
TITLE: Rural Business Enterprise Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Utility Infrastructure Airport Industrial Park			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of California City, Kern County		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED MAR 28 2003 </div>			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 21st District			
Start Date 8/01/03	Ending Date 11/01/03	a. Applicant City of California City		b. Project Utility Infrastructure	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	65,000		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/19/03	
b. Applicant	\$	65,000		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	N/A		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	N/A		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$	N/A			
f. Program income	\$	N/A			
g. TOTAL	\$	130,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Jack Stewart		b. Title City Manager		c. Telephone Number 760-373-7170	
d. Signature of Authorized Representative Jack Stewart				e. Date Signed 03/19/03	
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Figure 1: SF-424

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Tri-County Economic Development Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 2540 Esplanade, Suite 7 Chico, Butte County, CA 95973		Name and telephone number of person to be contacted on matters involving this application (give area code): Marc Nemanic (530) 893-8732	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0065873		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) EDD	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce, Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementation of long-range economic development program designed to encourage new employment opportunities and to foster a stable and diversified local economy and improved local conditions so as to alleviate the substantial unemployment/underemployment in the tri-county region.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte, Glenn & Tehama Counties and the Incorporated Cities Therein		13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project 2		15. ESTIMATED FUNDING:	
Start Date 7/1/03 Ending Date 6/30/04		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 3/27/03 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal \$ 67,000 b. Applicant \$ c. State \$ d. Local \$ 22,333 e. Other \$ f. Program Income \$ g. TOTAL \$ 89,333		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Marc Nemanic		b. Title Executive Director	
c. Telephone Number (530) 893-9732		e. Date Signed 3/27/03	

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

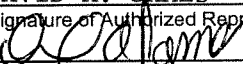
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/31/2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION															
Legal Name: Self-Help Enterprises	Organizational Unit:														
Address (give city, county, state and zip code): 8445 W. Elowin Court, P.O. Box 6520 Visalia, Tulare County, CA 93290	Name and telephone number of the person to be contacted on matters involving this application (give area code): Thomas Collishaw (559) 651-1000 ext. 620														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 1 5 9 2 6 7 6 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin: 5px auto;">N</div> <div style="font-size: small;"> A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) <u>Private Non-Profit</u> </div>														
8. TYPE OF APPLICATION: <div style="text-align: center;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> <div style="margin-top: 10px;"> If Revision, enter appropriate letter(s) in box(es): <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div style="font-size: x-small; margin-top: 10px;"> A. Increase Award B. Decrease Award C. Increase duration D. Decrease Duration Other (specify): </div>	9. NAME OF FEDERAL AGENCY: Usda Rural Development - Rural Housing Service														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;"> 1 0 - 4 2 0 </div> TITLE: Technical Assistance - Rural Self-Help Housing	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Self-Help Housing: Assist 256 low and very low income families to build their own homes through the mutual self-help process. SHE Will Locate And Secure Land, Recruit And Package Loan Applications, And Supervise All Construction Activity.														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin Valley, Counties of Merced, Madera, Kern, Fresno, Kings, Tulare, Mariposa, Stanislaus, California															
13. PROPOSED PROJECT: Start Date: 10/1/03 Ending Date: 09/30/05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 21 b. Project: 18,19,20,21,22														
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td>a. Federal</td> <td>\$ 3,995,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 3,995,000.00</td> </tr> </table>	a. Federal	\$ 3,995,000.00	b. Applicant	\$	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 3,995,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>March 28, 2003</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 3,995,000.00														
b. Applicant	\$														
c. State	\$														
d. Local	\$														
e. Other	\$														
f. Program Income	\$														
g. TOTAL	\$ 3,995,000.00														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Typed Name of Authorized Representative: Peter N. Carey	b. Title: Executive Director														
c. Telephone Number: (559) 651-1000															
d. Signature of Authorized Representative: 	e. Date Signed:														

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: CITY OF TEHACHAPI		Organizational Unit: MUNICIPAL GOVERNMENT	
Address (give city, county, State, and zip code): 115 SOUTH ROBINSON STREET TEHACHAPI, CA 93561		Name and telephone number of person to be contacted on matters involving this application (give area code) DAVID A. JAMES (661) 822-2200 EXT. 107	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [] - [] [] [] [] TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITY OF TEHACHAPI		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED MAR 26 2003 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT REVOLVING LOAN			
14. CONGRESSIONAL DISTRICTS OF: 21st CONGRESSIONAL DISTRICT (CONGRESSMAN BILL THOMAS)			
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 60,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 60,000.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 120,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative DAVID A. JAMES		b. Title COMMUNITY DEV. DIR.	c. Telephone Number (661) 822-2200 EXT. 107
d. Signature of Authorized Representative 		e. Date Signed MARCH 18, 2003	

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APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 20, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: WILLOW CREEK COMMUNITY SERVICES DISTRICT Address (give city, county, State, and zip code): PO BOX 8 WILLOW CREEK CA 95573		Organizational Unit: BOARD OF DIRECTORS Name and telephone number of person to be contacted on matters involving this application (give area code): MARC J. ROWLEY, DISTRICT MANAGER 530 629-2136																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 1 6 2 2 8 9 6 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">G</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																													
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT RURAL UTILITIES SERVICE																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM TITLE: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 — 7 6 0</div>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PHASE 1 - CONSTRUCTION OF WASTEWATER DISPOSAL FACILITY AND INSTALLATION OF CONNECTING LATERALS IN CENTRAL BUSINESS AREA OF COMMUNITY OF WILLOW CREEK.																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): WILLOW CREEK, HUMBOLDT COUNTY, CALIFORNIA																														
13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:																													
Start Date: 07/01/03 Ending Date: 06/30/04	a. Applicant DISTRICT 1	b. Project DISTRICT 1																												
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">1,500,000.00</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">1,500,000.00</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$	1,500,000.00	.00	b. Applicant	\$	0.00	.00	c. State	\$	0.00	.00	d. Local	\$	0.00	.00	e. Other	\$	0.00	.00	f. Program Income	\$	0.00	.00	g. TOTAL	\$	1,500,000.00	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>03/18/2003</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	1,500,000.00	.00																											
b. Applicant	\$	0.00	.00																											
c. State	\$	0.00	.00																											
d. Local	\$	0.00	.00																											
e. Other	\$	0.00	.00																											
f. Program Income	\$	0.00	.00																											
g. TOTAL	\$	1,500,000.00	.00																											
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																														
a. Type Name of Authorized Representative MARC J. ROWLEY	b. Title DISTRICT MANAGER	c. Telephone Number (530) 629-2136																												
d. Signature of Authorized Representative 		e. Date Signed 03/20/03																												

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MAR 26 2003

STATE CLEARING HOUSE

Standard Form 424 (Rev. 7-97)
 Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) March 24, 2003	Applicant Identifier								
		3. Date Received by State (mm/dd/yyyy) State Applicant Identifier									
		4. Date Received by Federal Agency (mm/dd/yyyy) Federal Identifier									
5. APPLICANT INFORMATION											
Legal Name: County of Fresno		Organizational Unit: Department of Public Works and Planning									
Address (give city, county, state, and zip code): 2220 Tulare Street, 8th Floor Fresno, CA 93721		Name and telephone number of the person to be contacted on matters involving this application (give area code) Rebecca Madrigal, Grants Manager (559) 262-4292									
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 0 5 1 2 </div>		7. TYPE OF APPLICANT: <i>(enter appropriate letter in box)</i> <div style="border: 1px solid black; display: inline-block; padding: 2px;">B</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. </div> <div> I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Nonprofit O. Public Housing Agency P. Other (Specify) </div> </div>									
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es): <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: U.S.D.A Rural Development									
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyy) <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 . 4 3 3</div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Owner-Occupant Rehabilitation Project in rural Fresno County									
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Fresno County, unincorporated rural areas		13. PROPOSED PROJECT: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Start Date (mm/dd/yyyy)</td> <td style="width: 30%;">Ending Date (mm/dd/yyyy)</td> <td style="width: 40%;">a. Applicant</td> <td style="width: 40%;">b. Project</td> </tr> <tr> <td>9/2003</td> <td>9/2004</td> <td>18, 19, 20</td> <td>18, 19, 20</td> </tr> </table>		Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)	a. Applicant	b. Project	9/2003	9/2004	18, 19, 20	18, 19, 20
Start Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)			a. Applicant	b. Project						
9/2003	9/2004	18, 19, 20	18, 19, 20								
14. CONGRESSIONAL DISTRICTS OF:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) 3/21/2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW									
15. ESTIMATED FUNDING: Complete form HUD-424-M, Funding Matrix				17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.											
a. Typed Name of Authorized Representative Richard L. Brogan		b. Title Director									
d. Signature of Authorized Representative 		c. Telephone number (Include Area Code) (559) 262-4168									
e. Date Signed (mm/dd/yyyy) March 21, 2003		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED MAR 26 2003 STATE CLEARING HOUSE </div>									

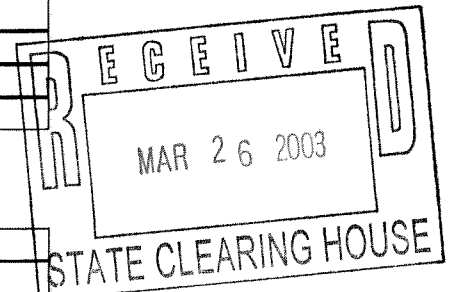
DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-Y186
Budget Number:	1 - Budget Pending Approval
Project Information:	FY 2003 Capital Assistance

**Part 1: Recipient Information**

Project Number:	CA-90-Y186
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Alan Lee
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$3,961,250
Project Number:	CA-90-Y186	Adjustment Amt:	\$0
Project Description:	FY 2003 Capital Assistance	Total Eligible Cost:	\$3,961,250
Recipient Type:	City	Total FTA Amt:	\$3,237,000
FTA Project Mgr:	J. Ottomanelli, 213.202.3957	Total State Amt:	\$664,250
Recipient Contact:	3106186266 A.Rose- J.Mills- A.Ochoa	Total Local Amt:	\$60,000
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	None Specified	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Oct. 01, 2002 - Nov. 30, 2003	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Oct. 07, 2002	Final Budget?:	No
Planning Grant?:	NO		
Program Date			

(STIP/UPWP/FTA Prm Plan) :	Dec. 02, 2002
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman

Project Details

FY 2003 Capital Projects -

1. Preventive Maintenance: In compliance with federal guidelines, staff will use a portion of capital funds to defray the cost of maintaining the fleet.
2. COP Bus Lease Payment: This is the year 10 payment on the Certificates of Participation (COP) sold in December 1992 to purchase fourteen Gillig Phantoms buses.
3. Bus Engine and Transmission Replacement: Staff will use capital funds to purchase twenty-three replacement engines and transmissions.
4. Bus Tire Replacement: Staff will use project funds to purchase replacement tires for the entire bus fleet. Each bus uses six tires and all six tires are replaced one to two times per year based on wear and mileage.
5. Bus Refurbishment: Refurbish and rebuild two 40ft transit buses: with new seats, new interior, new headsigns, new paint, etc.
6. Operations Office Modification: Renovation of Operations facility including the addition of new offices and a new foyer. New offices needed to house all Operations functions in one area. (This is Phase 2 of the project. FTA approved Phase 1 in the amount of \$100,000 in the FTA Grant CA-90-Y070-00.
7. Transit Enhancements: Pursuant to FTA guidelines, Torrance will spend at least 1% of its annual allocation on projects that provide enhanced transit amenities for our customers. Staff will use these funds to initiate the replacement of bus benches and trash cans throughout the City of Torrance.
8. Purchase new photocopier: Torrance will purchase a new photocopier as part of the Operations Office Remodel.
9. Purchase Fareboxes and Farebox Components

Purchase fareboxes, farebox components and equipment upgrades for fareboxes purchased in grant CA-90-Y105-00 as part of the Los Angeles County Universal Fare System.

Project Location -

All projects contained in this grant, except the farebox and farebox component purchase, will be carried out within the boundaries of the City of Torrance, located within Los Angeles County.

Operators in our Service Area -

Operators in our service area include: Los Angeles County Metropolitan Transportation Authority; Long Beach Transit; Culver City Municipal Bus Lines; Santa Monica's Big Blue Bus and Los Angeles DOT. We also receive feeds from the following municipal circulators: Redondo Beach Wave, Carson Circuit and the Lawndale Beat.

Availability of Funds -

Funding for the projects contained in this grant were published in the following LACMTA Funding Mark Memorandums

1. LACMTA memo entitled: "Fiscal Year 2003 Transit Fund Allocations" dated: June 20, 2002.
FY 2003 Capital Allocation: \$2,946,413
2. MTOC Federal Capital Allocations - FY 2000, FY 2001 and FY 2002.
3. MTA/BOS Universal Fare System Allocation - BOS Memo dated 11-26-2002: \$1,056,000 CMAQ funds from TIP Project: LA0D07

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	671	\$2,393,000	\$2,991,250
ACTIVITY			
11.12.40 Purchase Engines and Transmissions	23	\$640,000	\$800,000
11.14.01 REHAB/REBUILD 40-FT BUS	2	\$160,000	\$200,000
11.12.40 Purchase Bus Tires	624	\$120,000	\$150,000
11.16.01 LEASE 40-FT BUS - COP	21	\$273,000	\$341,250
11.7A.00 Preventive Maintenance	1	\$1,200,000	\$1,500,000
SCOPE			
119-00 TRANSIT ENHANCEMENTS (BUS)	0	\$48,000	\$60,000
ACTIVITY			
11.92.02 Transit Enhancements	0	\$48,000	\$60,000
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	68	\$796,000	\$910,000
ACTIVITY			
11.44.01 REHAB/RENOVATE - ADMINISTRATIVE FACILITY	0	\$80,000	\$100,000
11.42.10 Purchase Fareboxes & Farebox Components (CMAQ)	67	\$700,000	\$790,000
11.42.20 Transit Admin Equipment - Photocopier	1	\$16,000	\$20,000
Estimated Total Eligible Cost:			\$3,961,250
Federal Share:			\$3,237,000
Local Share:			\$724,250

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.11.00	BUS - ROLLING STOCK	Diesel Fuel
11.14.01	REHAB/REBUILD 40-FT BUS	Diesel (Particulate Trap)
11.16.01	LEASE 40-FT BUS - COP	Diesel Fuel

Extended Budget Descriptions

11.12.40	Purchase Engines and Transmissions	23	\$640,000	\$800,000
TIP Project No: LA01B112 Program Years: FY 2003 MTOC Funding: \$640,000 TDA Funding: \$160,000 Torrance plans to purchase replacement engines and transmissions for the bus fleet.				
11.14.01	REHAB/REBUILD 40-FT BUS	2	\$160,000	\$200,000
TIP Project No. LA01B114				

Program Years: FY 2003

FTA Funding: \$160,000

STA Funding: \$ 40,000

Bus Refurbishment: Refurbish and rebuild two 40ft transit buses. Replace/rebuild engines and transmissions; new seats, new interior, new headsigns, new paint, etc.

Buses to be refurbished:

1991 Gillig Phantom

Unit 442

VIN: M1084006

Mileage: 275,000

Reason: FTA Approved 12 year rehabilitation

1991 Gillig Phantom

Unit 442

VIN: M1084007

Mileage: 275,000

Reason: FTA Approved 12 year rehabilitation

11.12.40	Purchase Bus Tires	624	\$120,000	\$150,000
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TIP Project No: LA0B203

Program Years: FY 2003

FTA Funding: \$120,000

STA Funds: \$30,000

Purchase replacement tires for the bus fleet.

11.16.01	LEASE 40-FT BUS - COP	21	\$273,000	\$341,250
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TIP Project No: LA57808

Program Year: FY 2003

FTA Funding: \$273,000

STA Funding: \$68,250

The City of Torrance issued Certificates of Participation to purchase 21 buses. The COP's are valid for twelve years. For FY 2003, this is the tenth year of a twelve year lease.

11.7A.00	Preventive Maintenance	1	\$1,200,000	\$1,500,000
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TIP Project No: LA01B111

Program Year: FY 2003

FTA Funding: \$1,200,000

TDA Funding: \$300,00

Torrance will use the funds to defray the costs of maintaining our bus fleet.

All project funds will be used for vehicle maintenance costs.

11.92.02	Transit Enhancements	0	\$48,000	\$60,000
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TIP Project No: LA0D11

Program Years: FY 2003

FTA Funding: \$48,000

STA Funding: \$12,000

Transit Enhancements: Pursuant to FTA guidelines, Torrance will spend at least 1% of its annual allocation on projects that provide enhanced transit amenities for our customers. Torrance staff will use these funds to initiate the replacement of bus benches and trash cans throughout the City of Torrance.

11.44.01	REHAB/RENOVATE - ADMINISTRATIVE FACILITY	0	\$80,000	\$100,000
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TIP Project No: LA0B201

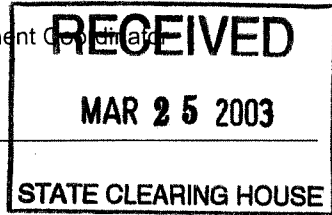
Program Year: FY 2003

FTA Funding: \$80,000

STA Funding: \$20,000

Application for Federal Assistance

1. Type of Submission: Application: Not Applicable Preapplication:		2. Date Submitted 05/14/03	Applicant Identifier S-03-MC-06-0510
		3. Date Received by State	State Application Identifier
		4. Date Received by Federal Agency	Federal Identifier
5. Applicant Information			
Legal Name City of Bakersfield		Organizational Unit Economic and Community Development	
Address Economic and Community Development 900 Truxtun Avenue, Suite 201 Bakersfield, CA 93301 Kern		Contact George Gonzales Community Development Coordinator (661) 326-3765	
6. Employer Identification Number (EIN): 956000672		7. Type of Applicant Municipal	
8. Type of Application: Type: New		9. Name of Federal Agency: U.S. Dept. of Housing & Urban Development	
10. Catalog of Federal Domestic Assistance Number: Catalog Number: 14.231 Assistance Title: Emergency Shelter Grant		11. Descriptive Title of Applicant's Project: Emergency Shelter Grant. Provides funds to improve the quality of existing emergency shelters for the homeless, helps meet the costs of operating emergency shelters, providing certain essential services, and preventing programs.	
12. Areas affected by Project: City of Bakersfield			
13. Proposed Project:		14. Congressional Districts of:	
Start Date 07/01/03	End Date 06/30/04	a. Applicant 20 th and 21 st	b. Project 20 th and 21 st
15. Estimated Funding:		16. Is Application Subject to Review by State Executive Order 1237 Process?	
a. Federal \$107,000		Review Status: Program not covered	
b. Applicant \$0			
c. State \$0			
d. Local \$0			
e. Other \$0			
f. Program Income \$0			
g. Total \$107,000			
17. Is the Applicant Delinquent on Any Federal Debt? No			
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative Alan Tandy		b. Title City Manager	c. Telephone Number (661) 326-3751
d. Signature of Authorized Representative		e. Date Signed	



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 29, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION
 Legal Name: **FARMERSVILLE PARK CREEK ASSOCIATES, A** Organizational Unit: **CALIFORNIA LIMITED PARTNERSHIP**
 Address (give city, county, State, and zip code):
13 - 12th Avenue South, Nampa
Canyon County, Idaho 83653
 Name and telephone number of person to be contacted on matters involving this application (give area code):
Gar-Mar Associates / Attn: Margo 530/823-9250

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es)
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

7. TYPE OF APPLICANT: (enter appropriate letter in box) N

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) <u>Partnership</u>

9. NAME OF FEDERAL AGENCY:
 UNITED STATES DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1

0

4

1

5

 TITLE: Rural Rental Housing Section 515 (RRH-515)

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
PARK CREEK VILLAGE - Affordable rental housing apartment project - 48 total units consisting of 16/2-bdrm, 24/3-bdrm, & 8/4-bdrm units to be built on 3.45 acres located on the northeast corner of Walnut & Ventura Avenues in Farmersville, Tulare County, California.

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Farmersville, Tulare County, California

13. PROPOSED PROJECT **14. CONGRESSIONAL DISTRICTS OF:**

Start Date	Ending Date	a. Applicant	b. Project
10/1/03	7/1/04	District #1	District #17

15. ESTIMATED FUNDING:

a. Federal	\$	500,000 ⁰⁰
b. Applicant	\$	26,316 ⁰⁰
c. State	\$	2,306,076 ⁰⁰
d. Local	\$	915,000 ⁰⁰
e. Other	\$	650,000 ⁰⁰
f. Program Income	\$	
g. TOTAL	\$	4,397,392 ⁰⁰

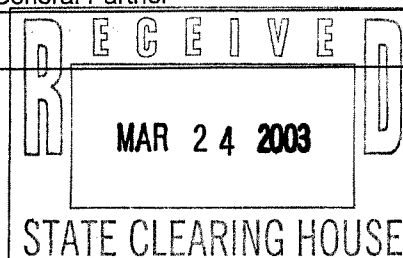
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Caleb Roope, Manager of, ROOPE, LLC	b. Title General Partner	c. Telephone Number (208) 461-0022
d. Signature of Authorized Representative		e. Date Signed <u>2/22/03</u>

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/>		2. DATE SUBMITTED March 19, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 5U79SM54272-02

5. APPLICANT INFORMATION																						
Legal Name: Miller Children's Hospital	Organizational Unit: Abuse & Violence Intervention Center																					
Address (give city, county, state, and zip code): 2801 Atlantic Avenue Long Beach, County of Los Angeles, CA 90806	Name and telephone number of the person to be contacted on matters involving this application (give area code): Cheryl Lanktree, Ph.D. (562) 933-0590																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3527031	7. TYPE OF APPLICANT: (enter appropriate letter in box) N																					
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Non-Profit Hospital																					
9. NAME OF FEDERAL AGENCY: SAMHSA: CMHS																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> TITLE:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:																					
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Cities of Long Beach, Lakewood, Signal Hill, Artesia, Cerritos, Lomita, Bellflower, Paramount, Hawaiian Gardens, Norwalk, Downey, Lynwood																						
13. PROPOSED PROJECT: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Start Date</td> <td style="width: 30%;">Ending Date</td> <td style="width: 40%;">a. Applicant</td> </tr> <tr> <td>9/30/03</td> <td>9/29/04</td> <td>38th District/Stephen Horn</td> </tr> </table>	Start Date	Ending Date	a. Applicant	9/30/03	9/29/04	38th District/Stephen Horn	14. CONGRESSIONAL DISTRICTS OF: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">b. Project</td> </tr> <tr> <td>37th Millender-McDonald 38th Horn & 39th Royce</td> </tr> </table>	b. Project	37th Millender-McDonald 38th Horn & 39th Royce													
Start Date	Ending Date	a. Applicant																				
9/30/03	9/29/04	38th District/Stephen Horn																				
b. Project																						
37th Millender-McDonald 38th Horn & 39th Royce																						
15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">a. Federal</td> <td style="width: 30%;">\$ 340,000.</td> <td style="width: 40%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 340,000.</td> <td>.00</td> </tr> </table>	a. Federal	\$ 340,000.	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$ 340,000.	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE March 19, 2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW
a. Federal	\$ 340,000.	.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$.00																				
f. Program Income	\$.00																				
g. TOTAL	\$ 340,000.	.00																				
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Typed Name of Authorized Representative Melvin Marks, M.D.	b. Title Administrator																					
c. Telephone number (562) 933-8001																						
d. Signature of Authorized Representative																						
e. Date Signed March 19, 2003																						

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:	Preapplication
<input type="checkbox"/> Application Construction	<input checked="" type="checkbox"/> Construction
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

Legal Name: <u>Earlimart Public Utility District</u>	Organizational Unit: <u>Board of Directors</u>
Address (give city, county, State, and zip code): <u>P.O. Box 10148</u> <u>Earlimart, CA 93219</u>	Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Dennis R. Keller, R.C.E.</u> <u>(559) 732-7938</u>

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6038154

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State H. Independent School Dist. ☒ G
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) _____

9. NAME OF FEDERAL AGENCY:

United States Department of Agriculture
Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Water & Waste 10-760
TITLE: Disposal Loan and Grant Program

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Earlimart, California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Interceptor and Sewer Relief Pipelines

13. PROPOSED PROJECT

Start Date 7/03 Ending Date 3/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
21st

b. Project
21st

15. ESTIMATED FUNDING:

a. Federal	\$	1,006,000 ⁰⁰
b. Applicant	\$	0 ⁰⁰
c. State	\$	0 ⁰⁰
d. Local	\$	0 ⁰⁰
e. Other	\$	00 ⁰⁰
f. Program Income	\$	00 ⁰⁰
g. TOTAL	\$	1,006,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 2/5/03

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative <u>Elsie R. Powell</u>	b. Title <u>President,</u> <u>Board of Directors</u>	c. Telephone Number <u>(661) 849-2663</u>
d. Signature of Authorized Representative <u>Elsie R. Powell</u>	e. Date Signed <u>1-24-03</u>	

OMB Approval No. 0348-0043

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Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-X

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/20/03	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: <u>Bolinas Fire Protection District</u> Address (give city, county, State, and zip code): <u>100 Mesa Rd., PO Box 126</u> <u>Bolinas, CA 94924</u>		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Kimberly Bender</u> <u>(415) 868-0727</u>
--	--	---

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-11673272</u>	7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> B. County <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> C. Municipal <input type="checkbox"/> J. Private University <input type="checkbox"/> D. Township <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> E. Interstate <input type="checkbox"/> L. Individual <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> <input checked="" type="checkbox"/> Special District N. Other (Specify) _____
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: <u>USDA</u>
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>Rural Development</u> <u>110-2166</u> TITLE: <u>Community Facilities Loan</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>New Community Firehouse</u>
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Bolinas + Dostown, Marin County, CA</u>	13. PROPOSED PROJECT <u>New Firehouse</u>
--	---

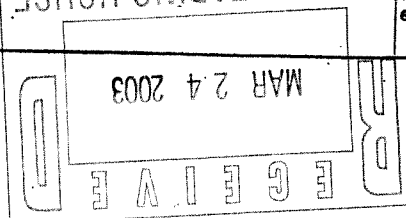
14. CONGRESSIONAL DISTRICTS OF: <u>Lynne Woolsey</u>	15. ESTIMATED FUNDING:
--	-------------------------------

a. Federal	\$	1,000,000	b. Applicant	\$	200,000
c. State	\$	0	d. Local	\$	100,000
e. Other Foundations & Private Donations	\$	1,000,000	f. Program Income	\$	0
g. TOTAL	\$	2,300,000			

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>March 4</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes," attach an explanation. <input checked="" type="checkbox"/> No
--	---

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative <u>Anne Sands</u>	b. Title <u>Board President</u>	c. Telephone Number <u>868-0727</u>
d. Signature of Authorized Representative <u>Anne Sands</u>		e. Date Signed <u>March 19, 2003</u>

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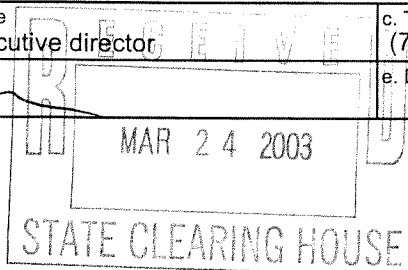
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 19, 2003	Applicant Identifier State Application Identifier Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Del Norte Housing Development Corporation		Organizational Unit: Non Profit HDC	
Address (give city, county, State, and zip code): 286 M Street, Suite A Crescent City, CA 95531		Name and telephone number of person to be contacted on matters involving this application (give area code) Carol Meza 707-464-7441	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 — 0 3 6 0 3 3 6 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; float: right;">N</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">A. State</div> <div style="width: 50%;">H. Independent School Dist.</div> <div style="width: 50%;">B. County</div> <div style="width: 50%;">I. State Controlled Institution of Higher Learning</div> <div style="width: 50%;">C. Municipal</div> <div style="width: 50%;">J. Private University</div> <div style="width: 50%;">D. Township</div> <div style="width: 50%;">K. Indian Tribe</div> <div style="width: 50%;">E. Interstate</div> <div style="width: 50%;">L. Individual</div> <div style="width: 50%;">F. Intermunicipal</div> <div style="width: 50%;">M. Profit Organization</div> <div style="width: 50%;">G. Special District</div> <div style="width: 50%;">N. Other (Specify) <u>Non Profit</u></div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA- RHS & 514/516 FLH	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 4 1 5 </div> TITLE: Rural Rental housing		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: JARDIN DE LAS FLORES, affordable farm labor rental housing, Healthcare Clinic and Community Center facility	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Smith River, Del Norte County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/30/03	Ending Date 9/30/05	a. Applicant First Congressional District	b. Project First Congressional District
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,000,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>03/19/03</u>	
b. Applicant	\$ 391,224 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 3,000,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ 33,250 ⁰⁰		
e. Other	\$ 1,717,800 ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 8,142,274 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Dennis Conger		b. Title Executive director	c. Telephone Number (707) 464-7441
d. Signature of Authorized Representative 		e. Date Signed <u>3/19/03</u>	

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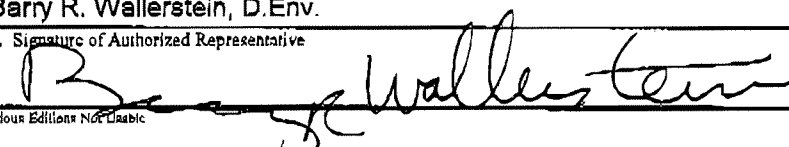


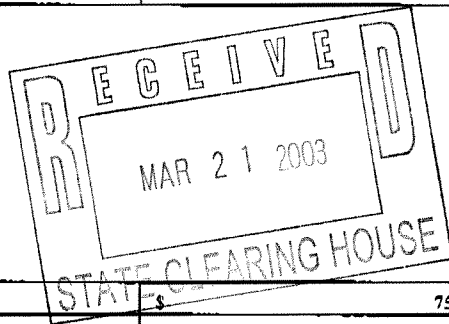
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 20, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California FarmLink		Organizational Unit	
Address (give city, county, State, and zip code): P.O. Box 2224, Sebastopol, CA 95473		Name and telephone number of person to be contacted on matters involving this application (give area code): Steve D. Schwartz, (707)829-1691	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3332630		7. TYPE OF APPLICANT: (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE: Rural Business Enterprise Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Promoting Agricultural Enterprise Development and Farm Transfers"	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CA Counties incl; Son, Fresno, Yuba, Butte, Lake, Tulare, Mend.			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 6/1/03	Ending Date 5/30/04	a. Applicant 01	b. Project 01,02,03,04,06,11,17,18,19,20,22
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 96,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/20/03	
b. Applicant	\$ 3,410 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ 73,000 ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 172,410 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Steve D. Schwartz		b. Title Executive Director	c. Telephone Number (707) 829-1691
d. Signature of Authorized Representative <i>Steve D. Schwartz</i>		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 3/21/2003		Applicant Identifier	
1. TYPE OF SUBMISSION Application		Preapplication		3. DATE RECEIVED BY STATE	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION					
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT			Organizational Unit:		
Address (give city, county, state, and zip code): 21865 E. COPLEY DRIVE DIAMOND BAR, CA 91765			Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780		
6. EMPLOYER IDENTIFICATION (EIN): 953099419			7. TYPE OF APPLICANT: (enter appropriate letter here) <input checked="" type="checkbox"/> N A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): Regional Agency		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Other Specify:			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.606 TITLE: Surveys, Studies, Investigations, Special Projects			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: S103 Port of Long Beach (PoLB)		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and Bernardino Counties					
13. PROPOSED PROJECT:		14. CONGRESSIONAL			
Start Date	End Date	a. Applicant: 24-48		b. Project: 24-48	
5/31/2003	9/30/2005				
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE : b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	75,000			
b. Applicant	\$				
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$	75,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative: Barry R. Wallerstein, D.Env.			b. Title: Executive Officer		c. Telephone Number: (909) 396-2100
d. Signature of Authorized Representative: 					e. Date Signed: 3/19/03



APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Imperial County Airport			Organizational Unit: County of Imperial		
Address (give city, county, state, and zip code) 1099 Airport Road Imperial, California 92251			Name and telephone number of the person to be contracted on matters involving this application (give area code) Mr. David Conn, Airport Manager (760) 355-7944		
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) B		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">A</div> Increase Award <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">B</div> Decrease Award <div style="border: 1px solid black; padding: 2px; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">C</div> Increase Duration D Decrease Duration Other (specify) </div>			A. State H. Interdependent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
			9. NAME OF FEDERAL AGENCY Federal Aviation Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> . <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2003 Entitlements		
TITLE: Airport Improvement Program (AIP)			1. Construct Airport Maintenance Building 2. Reconstruct Terminal Apron 3. Terminal Apron Lighting 4. Airport Drainage and Erosion Protection - Phase I		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Imperial, California El Centro, California Imperial County, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date 05/03	Ending Date 09/03	a. Applicant #52		b. Project #52	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal	\$ 1,000,000 .00	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ 111,111 .00				
c. State	\$.				
d. Local	\$.				
e. Other	\$.				
f. Program income	\$.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$ 1,111,111 .00	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED					
a. Typed Name of Authorized Representative Mr. David Conn		b. Title Airport Manager		c. Telephone number (760) 355-7944	
d. Signature of Authorized Representative 				e. Date Signed 3-19-03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 20, 2003		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The Regents of the University of California			Organizational Unit: BAS - UC MBEST Center		
Address (give city, county, State, and zip code): 1156 High Street Santa Cruz, CA 95064			Name and telephone number of person to be contacted on matters involving this application (give area code): Patricia Ponzini (831) 459-5580		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1539563			7. TYPE OF APPLICANT: (enter appropriate letter in box) I		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE: Rural Business Enterprise Grant			9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Marina, Monterey County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Monterey Bay Enterprise Development Element		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 6/1/03	Ending Date 7/31/04	a. Applicant 17th		b. Project 17th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 200,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/20/03			
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$ 110,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ ⁰⁰				
f. Program Income	\$ ⁰⁰				
g. TOTAL	\$ 310,000 ⁰⁰				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Sue Kato		b. Title Sr. Research Administrator		c. Telephone Number (831) 459-3144	
d. Signature of Authorized Representative <i>Sue Kato</i>				e. Date Signed 3/21/03	

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OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 22, 2003	Applicant Identifier
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY 3/22/03	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Sierra City Fire Protection District		Organizational Unit: Fire Department	
Address (give city, county, State, and zip code): 229 Main Street, Sierra City, California 96125-0257		Name and telephone number of person to be contacted on matters involving this application (give area code): Mr. Malcolm R. Cooper, Chairman (530) 862-1533	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0444445		7. TYPE OF APPLICANT: (enter appropriate letter in box) [N]	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Fire District</u>	
		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Put a new roof and insulation on the community center which is owned by the Sierra City Fire Protection District.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sierra City, Sierra County, California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 8/1/03	Ending Date 9/30/03	a. Applicant Sierra City Fire Protection District b. Project New roof and insulation.	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 13,750.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/24/03	
b. Applicant	\$ 11,250.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 25,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Mr. Malcolm R. Cooper		c. Telephone Number (530) 862-1533	
d. Signature of Authorized Representative <i>Malcolm R. Cooper</i>		e. Date Signed 3/22/03	

Previous Edition Usable

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

DOT**FTA**

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

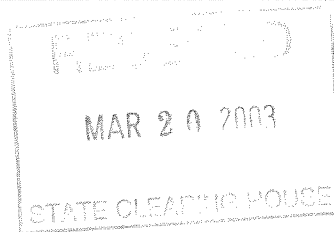
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Project ID:	CA-90-X887-02
Budget Number:	3 - Budget Pending Approval
Project Information:	CAPITAL ASSISTANCE

Part 1: Recipient Information

Project Number:	CA-90-X887-02
Recipient ID:	1666
Recipient Name:	CITY OF TORRANCE
Address:	Transit Department 20500 Madrona Avenue, TORRANCE, CA 90503 3692
Telephone:	(310) 618-6266
Facsimile:	(310) 618-6229

Union Information

Recipient ID:	1666
Union Name:	AFSCME LOCAL 1117
Address 1:	AFSCME Local 1117
Address 2:	1618 Gramercy Avenue
City:	Torrance, CA 90501 0000
Contact Name:	Alan Lee
Telephone:	(310) 328-3106
Facsimile:	(310) 328-5541



Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$80,555
Project Number:	CA-90-X887-02	Adjustment Amt:	\$0
Project Description:	CAPITAL ASSISTANCE	Total Eligible Cost:	\$80,555

Recipient Type:	City	Total FTA Amt:	\$0
FTA Project Mgr:	Powell / Ray Tellis	Total State Amt:	\$0
Recipient Contact:	3106186266 A.Rose/A.Ochoa/J.Mills	Total Local Amt:	\$80,555
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Other	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	No
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 15, 1998		
Program Page:	195-203		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	36	Jane Harman

Project Details

Amendment No. 2: Deletion of Voice Annunciator project (Scope 11700, ALI 114243) and addition of "Engines and Transmissions" Project (TIP #LA01B112). The Voice Annunciator project will be combined with the AVL project in grant CA-90-Y105-00. Technological advancements will ensure that the cost does not increase.

Fleet status entered reflects fleet status as of March 17, 2003.

The local share of the amended project in this grant is funded with State Transit Assistance (STA) funds and Prop A Local Return funds.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
111-20 BUS - ROLLING STOCK	8	\$1,008,000	\$1,260,000
<u>ACTIVITY</u>			
11.12.01 PURCHASE REPLACEMENT 40 FT.BUSES WITH LIFTS	4	\$800,000	\$1,000,000
11.12.15 PURCHASE REPLACEMENT VANS	4	\$208,000	\$260,000
<u>SCOPE</u>			
111-00 BUS - ROLLING STOCK	23	\$580,000	\$725,000
<u>ACTIVITY</u>			
11.12.40 Purchase Engines and Transmissions	23	\$580,000	\$725,000
<u>SCOPE</u>			
111-60 BUS - ROLLING STOCK	1	\$299,279	\$374,099
<u>ACTIVITY</u>			
11.16.01 LEASE/PURCHASE REPLACEMENT 40 FT. BUSES WITH LIFT	1	\$299,279	\$374,099
<u>SCOPE</u>			
114-20 BUS SUPPORT EQUIP/FACILITIES	11	\$160,000	\$200,000
<u>ACTIVITY</u>			
11.42.05 PURCHASE OF YARD EQUIPMENT	0	\$80,000	\$100,000
11.44.02 REHAB/RENOVATE - MAINTENANCE FACILITY LAOB211LA963602	1	\$40,000	\$50,000
11.42.09 ACQUIRE - MOBILE SURV/SECURITY EQUIP LA963602	10	\$40,000	\$50,000
Estimated Total Eligible Cost:			
			\$2,559,099
Federal Share:			
			\$2,047,279
Local Share:			
			\$511,820

OTHER (Scopes and Activities not included in Project Budget Totals)**None**SOURCES OF FEDERAL FINANCIAL ASSISTANCE

<u>UZA ID</u>	<u>Accounting Classification</u>	<u>FPC</u>	<u>FY</u>	<u>SEC</u>	<u>Previously Approved</u>	<u>Amendment Amount</u>	<u>Total</u>
60020	1998.21.90.91.1	00	2003	90	\$2,047,279	\$0	\$2,047,279
Total Previously Approved:							\$2,047,279
Total Amendment Amount:							\$0
Total from all Funding Sources:							\$2,047,279

Alternative Fuel Codes

11.12.01	PURCHASE REPLACEMENT 40 FT.BUSES WITH LIFTS	Other
----------	---	-------

Extended Budget Descriptions

11.12.01	PURCHASE REPLACEMENT 40 FT.BUSES WITH LIFTS	4	\$800,000	\$1,000,000
THESE VEHICLES WILL REPLACE FOUR 1986 GILLIG BUSES IN THE TORRRANCE FLEET. THE 1986 BUSES HAVE REACHED THE FTA STANDARD OF 12 YEARS ACTIVE SERVICE, AND ARE APPROACHING 500,000 MILES SERVICE.				
11.12.15	PURCHASE REPLACEMENT VANS	4	\$208,000	\$260,000
THESE VEHICLES WILL REPLACE FOUR 1991 VANS IN THE DIAL-A-LIFT FLEET. IN DAILY SERVICE FOR OVER SIX YEARS TO THE DISABLED COMMUNITY, THE 1991 VANS HAVE, AS OF THIS WRITING, LGGED OVER 100,000 MILES.				
11.12.40	Purchase Engines and Transmissions	23	\$580,000	\$725,000
TIP Project No: LA01B112 Program Year(s): FY 2003 FTA Funding: \$640,000 STA Funding: \$64,445 Prop A Funds: \$80,555 Torrance will purchase replacement engines and transmissions for the bus fleet.				
11.16.01	LEASE/PURCHASE REPLACEMENT 40 FT. BUSES WITH LIFT	1	\$299,279	\$374,099

APPLICATION FOR
F E D E R A L A S S I S T A N C E

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. Date Received by State		State Application Identifier	
Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Nonconstruction		Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction		4. Date Rec'd by Fed Agency	
				Federal Identifier	
5. APPLICANT INFORMATION		Organizational Unit			
Legal Name State Water Resources Control Board		Central Valley Regional Water Quality Control Board			
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Name and telephone of person to be contacted on matters involving this application (give area code): Karen Larsen (916) 255-0746			
6. EMPLOYER IDENTIFICATION NUMBER (BIN): 6 8 -- 0 2 8 1 9 8 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> A			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District			
If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify) _____		H. Independent School Dist. I. State Institute Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____			
9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The long-term objective of this program is to bring the Sacramento River and its tributaries into compliance with appropriate water quality standards for toxic pollutants and thereby protect beneficial uses.			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE: Surveys, Studies, Investigations and Special Purpose Grants		12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) California			
13. PROPOSED PROJECT Start Date 2/1/03		Ending Date 6/30/05		14. CONGRESSIONAL DISTRICT OF: a. Applicant 3	
b. Project California--All		15. ESTIMATED FUNDING			
a. Federal \$ 147,000.00		b. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: March 20, 2003			
b. Applicant \$.00		c. NO: <input type="checkbox"/> Program is not covered by EO 12372. <input type="checkbox"/> Or program has not been selected by state for review.			
c. State \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No			
d. Local \$.00					
e. Other \$.00					
f. Program Income \$.00					
g. TOTAL \$ 147,000.00					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Celeste Cantu		b. Title Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative				e. Date Signed	
Previous Editions Not Usable					
Standard Form 424 (Rev 7-97) Prescribed by OMB Circular A-01					

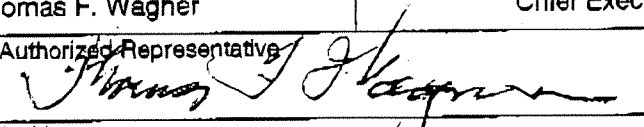
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED January 29, 2003		Applicant Identifier																					
		3. DATE RECEIVED BY STATE		State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																					
5. APPLICANT INFORMATION																									
Legal Name: I.O.T.D. Hispanic Research Center			Organizational Unit: Corporation																						
Address (give city, county, State, and zip code): 5637 N. Pershing Avenue, Suite B6b Stockton, CA 95207-4943			Name and telephone number of person to be contacted on matters involving this application (give area code) Roy Nunez (209) 472-0438																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 — 0 2 6 9 1 3 8 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;"> N </div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit Org.</u> </div> </div>																						
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): </div> <div style="width: 30%;"> C. Increase Duration </div> </div>			9. NAME OF FEDERAL AGENCY: US Department of Agriculture																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> 00 — 0000 </div> TITLE: USDA Rural Business Opp. Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural San Joaquin County Small Business & Economic Development Program																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Manteca / Lathrop / French Camp / Ripon CA																									
13. PROPOSED PROJECT 11th District		14. CONGRESSIONAL DISTRICTS OF: California																							
Start Date 2/1/03	Ending Date 1/31/04	a. Applicant 11th District		b. Project 11th District																					
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 70%; text-align: right;">150,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>e. Other In-Kind</td> <td>\$</td> <td style="text-align: right;">25,000⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">175,000⁰⁰</td> </tr> </table>		a. Federal	\$	150,000 ⁰⁰	b. Applicant	\$	⁰⁰	c. State	\$	⁰⁰	d. Local	\$	⁰⁰	e. Other In-Kind	\$	25,000 ⁰⁰	f. Program Income	\$	⁰⁰	g. TOTAL	\$	175,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	150,000 ⁰⁰																							
b. Applicant	\$	⁰⁰																							
c. State	\$	⁰⁰																							
d. Local	\$	⁰⁰																							
e. Other In-Kind	\$	25,000 ⁰⁰																							
f. Program Income	\$	⁰⁰																							
g. TOTAL	\$	175,000 ⁰⁰																							
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																							
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																									
a. Type Name of Authorized Representative Roy Nunez		b. Title Director / CEO		c. Telephone Number (209) 472-0438																					
d. Signature of Authorized Representative 		e. Date Signed 1-29-03																							

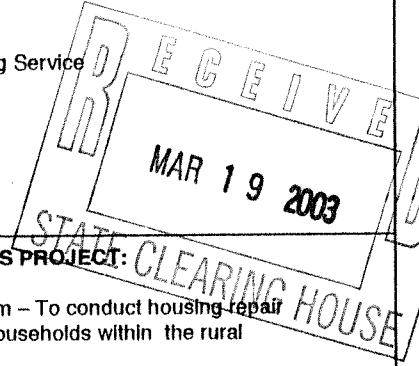
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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 3-19-03	Applicant Identifier
1. TYPE OF SUBMISSION <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION Legal Name: E Center Address (Give City, County, State, and Zip code): 410 Jones Street, Ukiah, Mendocino County, California 95482 Organizational Unit: Round Valley Resource Center Name and telephone number of the person to be contacted on matters involving this application (Give area code): Joseph D. Scriven (707) 468-0194 ext 131			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 2 2 3 2 9 3 3		7. TYPE OF APPLICANT: (Enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> A. State H. Independent School District B. County I. State Control Instit. of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit organization G. Special District N. Other (Specify) <u>Non-Profit</u>	
B. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify) _____			
9. NAME OF FEDERAL AGENCY: USDA Rural Development			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 1 0 - 7 7 3 TITLE: Rural Business Opportunity Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Small Diameter Timber (SDT) Project - Year II	
12. AREA AFFECTED BY PROJECT (Cities, counties, states, etc.) Covelo, Mendocino County, California			
13. PROPOSED PROJECT: Start Date End Date 6-1-03 5-31-04		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project 2	
15. ESTIMATED FUNDING a. Federal \$67,352 b. Applicant \$ c. State \$ d. Local \$ e. Other \$18,855 f. Program \$ g. TOTAL \$86,207		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. This preapplication/application was made available to the State Executive Order 12372 Process for review on: DATE: 3-19-03 b. NO. <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> or Program has not been selected by State for review	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES - If "YES", attach an explanation. <input checked="" type="checkbox"/> NO	
a. Type Name of Authorized Representative Thomas F. Wagner		b. Title Chief Executive Officer	
c. Telephone Number (707) 468-0194		e. Date Signed 3/18/03	
d. Signature of Authorized Representative 			

APPLICATION FOR FEDERAL ASSISTANCE (SF 424)

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 3/25/03	Applicant Identifier
Application ___ Construction <u>X</u> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: REDWOOD COMMUNITY ACTION AGENCY		Organizational Unit: HOUSING DIVISION	
Address (give city, county, State, and zip code): 904 G STREET EUREKA, CA 95501		Name and telephone number of person to be contacted on matters involving this application (give area code) KEN TERRILL 707-269-2034	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-26-370</u>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <u>N</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-Profit</u> <u>X</u>	
8. TYPE OF APPLICATION: <u>X</u> New ___ Continuation ___ Revision If Revision, enter appropriate letter(s) in box(es) ___ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: Rural Housing Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>1-0-4-3-3</u> TITLE: Housing Preservation Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Humboldt Housing Preservation Program - To conduct housing repair For owner-occupied, very low income households within the rural Areas of Humboldt County.	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Humboldt County			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date 9/1/03	Ending Date 8/31/04	a. Applicant 1 st District	b. Project 1 st District
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 150,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 3/12/03 b. NO ____ PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 7,500.00		
c. State	\$ 0.00		
d. Local	\$ 203,000.00		
e. Other: Sweat E.	\$ 9,200.00		
f. Program Income	00		
g. TOTAL	\$369,700.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? ___ Yes If "Yes" attach an explanation. <u>X</u> No	
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative Lloyd Throne		b. Title Executive Director	c. Telephone Number 707-269-2005



OMB Approval No. 0348-0043

STATE CLEARING HOUSE

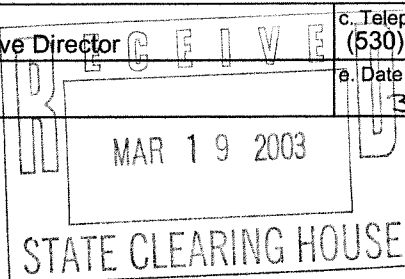
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 14, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Yuba-Sutter Economic Development Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 1300 Franklin Road Yuba City, CA 95993		Name and telephone number of person to be contacted on matters involving this application (give area code) Greg Thompson (530) 674-5636	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 — 0342145		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">N</div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>D. Decrease Duration</div> <div>Other(specify): _____</div> </div>		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 — 769 TITLE: Rural Business Enterprise Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Feasibility Study: Stronger Contracts for Stronger Farm Economics	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte, Glenn, Tehama, Sutter and Yuba Counties of California			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 5-15-03	Ending Date 7-31-03	a. Applicant District 2	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 55,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 03/14/03	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ 20,500 ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 75,500 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Tim Johnson		b. Title Executive Director	
d. Signature of Authorized Representative 		c. Telephone Number (530) 751-8555 e. Date Signed 3-14-03	

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Standard Form 424 (Rev. 7-97)
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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 15, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Camp Fire Boys and Girls		Organizational Unit: Private- Non Profit organization	
Address (give city, county, State, and zip code): 2401 Gold Rock Road, Winterhaven (Imperial County) California 92283		Name and telephone number of person to be contacted on matters involving this application (give area code) Cindy Szloboda (928)920-0603	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8 6 — 1 0 3 3 2 0 2 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-top: -20px;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u> </div> </div>
---	--

8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other(specify):</div> <div style="width: 30%;"></div> </div>	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture
--	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> 1 0 — 7 6 9 </div>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Camp Fire Boys and Girls Partnership Program provides equipment, training and technical assistance to small business
---	---

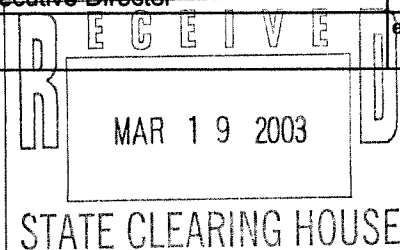
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Winterhaven, Imperial, California		13. PROPOSED PROJECT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Start Date</td> <td style="width:15%;">Ending Date</td> <td style="width:20%;">a. Applicant</td> <td style="width:50%;">b. Project</td> </tr> <tr> <td>7/1/03</td> <td>6/30/04</td> <td>52nd</td> <td>52nd</td> </tr> </table>		Start Date	Ending Date	a. Applicant	b. Project	7/1/03	6/30/04	52nd	52nd
Start Date	Ending Date	a. Applicant	b. Project								
7/1/03	6/30/04	52nd	52nd								

15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td style="text-align: right;">\$ 99,900⁰⁰</td></tr> <tr><td>b. Applicant</td><td style="text-align: right;">\$ 20,000⁰⁰</td></tr> <tr><td>c. State</td><td style="text-align: right;">\$ 38,000⁰⁰</td></tr> <tr><td>d. Local</td><td style="text-align: right;">\$ 46,350⁰⁰</td></tr> <tr><td>e. Other</td><td style="text-align: right;">\$ 146,050⁰⁰</td></tr> <tr><td>f. Program Income</td><td style="text-align: right;">\$ ⁰⁰</td></tr> <tr><td>g. TOTAL</td><td style="text-align: right;">\$ 350,300⁰⁰</td></tr> </table>	a. Federal	\$ 99,900 ⁰⁰	b. Applicant	\$ 20,000 ⁰⁰	c. State	\$ 38,000 ⁰⁰	d. Local	\$ 46,350 ⁰⁰	e. Other	\$ 146,050 ⁰⁰	f. Program Income	\$ ⁰⁰	g. TOTAL	\$ 350,300 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 99,900 ⁰⁰														
b. Applicant	\$ 20,000 ⁰⁰														
c. State	\$ 38,000 ⁰⁰														
d. Local	\$ 46,350 ⁰⁰														
e. Other	\$ 146,050 ⁰⁰														
f. Program Income	\$ ⁰⁰														
g. TOTAL	\$ 350,300 ⁰⁰														

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
---	--

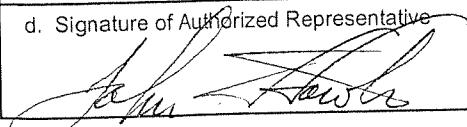
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Cindy Szloboda	b. Title Executive Director	c. Telephone Number (928) 920-0603
d. Signature of Authorized Representative 		e. Date Signed 03-15-03

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Standard Form 424 (Rev. 7-97)
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APPLICATION FOR FEDERAL ASSISTANCE (SF 424)

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI Exempt
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: County of Merced		Organizational Unit: Department of Business-Economic Opportunities	
Address (give city, county, State, and zip code): 2000 M. Street Merced, CA 95340		Name and telephone number of person to be contacted on matters involving this application (give area code) John F. Fowler (209) 385-7686	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 -- 6 0 0 5 2 1		7. TYPE OF APPLICANT: (enter appropriate letter in box) B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _Non-Profit_	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 9 TITLE: Rural Business Enterprise Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Assistance for Small Businesses in Merced County	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Merced County, California			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:	
Start Date June 2003	Ending Date June 2004	a. Applicant 18	b. Project 18
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 78,840.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>March 12, 2003</u>	
b. Applicant	\$	b. NO ____ PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$ 20,000.00		
e. Other	\$		
f. Program Income		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 98,840.00	____ Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative John F. Fowler		b. Title Executive Director	c. Telephone Number (209) 385-7686
d. Signature of Authorized Representative 		e. Date Signed 3-12-03	

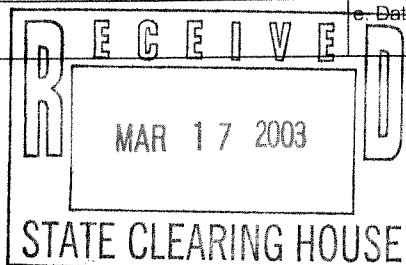
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 13, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Desert Alliance for Community Empowerment		Organizational Unit:																					
Address (give city, county, State, and zip code): 53-990 Enterprise Way, Suite 1 Coachella, CA 92236		Name and telephone number of person to be contacted on matters involving this application (give area code) Jeff Hays 760.391.5050 x 222																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 33-0857187 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) n																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-profit</u>																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10-433 </div> TITLE: Housing Preservation Grant		9. NAME OF FEDERAL AGENCY: USDA Rural Development																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Blythe, Coachella and E. Riverside County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Housing repair program for owner occupied units of very low income households in the Cities of Blythe, Coachella and the Desert Communities Empowerment Zone.																					
13. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 44th Mary Bono b. Project 44th Mary Bono																						
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">100,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">50,000⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;"> </td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">70,000⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">5,000⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;"> </td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">225,000⁰⁰</td> </tr> </table>		a. Federal	\$	100,000 ⁰⁰	b. Applicant	\$	50,000 ⁰⁰	c. State	\$		d. Local	\$	70,000 ⁰⁰	e. Other	\$	5,000 ⁰⁰	f. Program Income	\$		g. TOTAL	\$	225,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>03/12/03</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	100,000 ⁰⁰																					
b. Applicant	\$	50,000 ⁰⁰																					
c. State	\$																						
d. Local	\$	70,000 ⁰⁰																					
e. Other	\$	5,000 ⁰⁰																					
f. Program Income	\$																						
g. TOTAL	\$	225,000 ⁰⁰																					
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																					
a. Type Name of Authorized Representative Jeffrey A. Hays		b. Title Executive Director																					
c. Telephone Number (760) 391-5050		d. Signature of Authorized Representative																					
e. Date Signed 3-13-03																							

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APPLICATION FOR
FEDERAL ASSISTANCE2. DATE SUBMITTED
3-14-03

Applica. Identifier

1. TYPE OF SUBMISSION:

Application

~~Preapplication~~☐ Construction☒ Construction☐ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICATION INFORMATION

Legal Name

SUPERIOR CALIFORNIA ECONOMIC
DEVELOPMENT DISTRICT

Organizational Unit

Address (give city, county, state, and zip code)

737 Auditorium Drive, Suite A
Redding, Shasta County, California 96001Name and telephone number of the person to be contacted on matters
involving this application (give area code)Administrative ContactTechnical ContactRobert Nash, Chief Executive Officer
(530) 225-2760

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6	8	—	0	3	4	3	0	5	1
---	---	---	---	---	---	---	---	---	---

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in boxes(es) ☐ ☐

A. Increase Award

B. Decrease Award

C. Increase

D. Decrease Duration

Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒ G

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify):

9. NAME OF FEDERAL AGENCY:

U.S. Department of Agriculture
Rural Development10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER:

1	0	■	7	6	9
---	---	---	---	---	---

TITLE: National Forest Dependent Rural Communities

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Modoc, Shasta, Siskiyou and Trinity Counties in California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Expansion of rural E-Commerce Business Assistance Project

13. PROPOSED PROJECT:

Start Date
07-01-03Ending Date
06-30-04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
Second (Herger)b. Project
Second (Herger)

15. ESTIMATED FUNDING:

a. Federal \$ 35,000

b. Applicant \$ 13,000

c. State \$

d. Local \$

e. Other \$

f. Program Income \$

g. TOTAL \$ 48,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE March 14, 2003

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes

If "Yes," attach an explanation.

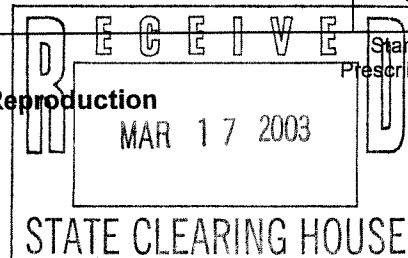
☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDEDa. Typed Name of Authorized Representative
Robert Nashb. Title
Chief Executive Officerc. Telephone number
(530) 225-2760

d. Signature of Authorized Representative

e. Date Signed
3-14-03

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APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED March 17, 2003		Applicant Identifier	
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Shasta College Foundation			Organizational Unit: Shasta College Foundation		
Address (give city, county, State, and zip code): Post Office Box 496006 Redding, CA 96049-6006 (County of Shasta)			Name and telephone number of person to be contacted on matters involving this application (give area code): Dr. Victoria Hlndes 530-245-7338		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0363349			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision			A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit Org.</u>		
If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769 TITLE: Colonia Loans and Grants			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Business & Education Center (CBEC)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Burney, County of Shasta, State of California					
13. PROPOSED PROJECT CBEC		14. CONGRESSIONAL DISTRICTS OF: 2nd and 3rd			
Start Date 10/1/03	Ending Date 9/30/04	a. Applicant Shasta College Foundation		b. Project Construction: Community Business & Education Center	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESSES?			
a. Federal	\$	60,000 ⁰⁰			
b. Applicant	\$	233,212 ⁰⁰			
c. State	\$				
d. Local	\$				
e. Other	\$	110,000 ⁰⁰			
f. Program Income	\$				
g. TOTAL	\$	403,212 ⁰⁰			
		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative D. Scott Thompson		b. Title Executive Director		c. Telephone Number (530) 225-4877	
d. Signature of Authorized Representative <i>D. Scott Thompson</i>				e. Date Signed March 17, 2003	

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APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 3/17/03	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier MAR 17 2003
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

RECEIVED
 OMB Approval No. 0348-0043
 STATE CLEARING HOUSE

5. APPLICANT INFORMATION

Legal Name: INVENTORS' ALLIANCE OF NORTHERN CALIFORNIA

Address (give city, county, State, and zip code):
6514 ELMIRA DRIVE, REDDING, SHASTA,
CALIFORNIA, 96001

Organizational Unit: NON-PROFIT CORP - CALIFORNIA

Name and telephone number of person to be contacted on matters involving this application (give area code):
JIM DE LANG
530-241-5222

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
68 0457288

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

NON-PROFIT 501(C) 3 N

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
U.S. DEPT. OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
110 769

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
EDUCATION & TRAINING OF INNOVATORS
USDA RURAL DEVELOPMENT
RURAL BUSINESS ENTERPRISE GRANTS
FISCAL YEAR 2003

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
ANDERSON, SHASTA, CA. LAKEPORT, LAKE, CA
ORVILLE, BUTTE, CA. YREKA, SISKIYOU, CA

13. PROPOSED PROJECT
ED. & TRNG INNOVATORS

14. CONGRESSIONAL DISTRICTS OF:
3RD CONGRESSIONAL DISTRICT CALIFORNIA

Start Date: Aug 1, 2003 Ending Date: Nov 30, 2004

15. ESTIMATED FUNDING:

a. Federal	\$	<u>21,036</u>	DC
b. Applicant	\$		DC
c. State	\$	<u>31,135</u>	DC
d. Local	\$		DC
e. Other	\$		DC
f. Program Income	\$		DC
g. TOTAL	\$	<u>52,171</u>	DC

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
JAMES DE LANG

b. Title
PRESIDENT

c. Telephone Number
530-241-5222

d. Signature of Authorized Representative
James De Lang

e. Date Signed
3/17/03

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